

M.D.

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER George M. Marcus and Affiliated Entities (including The Marcus & Millichan Company and its wholly owned subsidiaries)		Date of This Filing 01/23/2008	Date Stamp JAN 23 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 650-494-1400	ID NUMBER (if applicable) 1222033	Report No. 2	RECEIVED AND FILED in the office of the Secretary of State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State R/BM	
CITY Palo Alto, Ca 94304	STATE CA	ZIP CODE 94304	No. of Pages 1	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	Santa Clara for Affordable Senior Housing and Parks (#1301231)  Mill Valley, CA 94941 SummerHill Homes	Measures A & B  City of Santa Clara - Support	229,550.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

JAN. 23. 2008 11:58AM

(650) 424 9136

NO. 317 P. 3/4

# Slate Mailer Late Payment Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED AND FILED  
in the office of the Secretary of  
of the State of California

CALIFORNIA  
FORM

498

For Official Use Only

JAN 23 2008

DEBRA BOWEN  
Secretary of State

R/Bm

☐ Amendment No. \_\_\_\_\_

Report No. \_\_\_\_\_ 02

STREET ADDRESS

NAME OF SLATE MAILER ORGANIZATION

COPS VETER GUIDE

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

599014

(916) 353-2778

CITY

STATE

ZIP CODE

POLSON CA 95630

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

## Late Payment(s) Received From:

NAME

Yes on Measure B for Safer SF Streets

I.D. NUMBER (if applicable)

1302887

ADDRESS

CITY

STATE

ZIP CODE

Sacramento, CA 95814

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED

01/22/2008

AMOUNT

\$

3,810.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Yes on Measure B

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

3,810.00

San Francisco

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SMD

7077

**Slate Mailer  
Late Payment Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

<b>RECEIVED AND FILED</b> in the office of the Secretary of the State of California		<b>STATE LATE PAYMENT REPORT</b>	
JAN 23 2008		<b>CALIFORNIA FORM 498</b>	
<b>DEBRA BOWEN</b> Secretary of State		For Official Use Only	

☐ Amendment No. \_\_\_\_\_

Report No. \_\_\_\_\_ 04

NAME OF SLATE MAILER ORGANIZATION COPS VOTER GUIDE			STREET ADDRESS		
AREA CODE/PHONE NUMBER (916) 353-2778	OPTIONAL FAX/E-MAIL	I.D. NUMBER 599014	CITY POLSOM CA	STATE CA	ZIP CODE 95630

**Late Payment(s) Received From:**

NAME Yes on Prop S	I.D. NUMBER (if applicable) 1303063
ADDRESS Los Angeles CA	CITY CA
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) 90017	

DATE RECEIVED: 01/23/2008	AMOUNT \$ 10,500.00
------------------------------	------------------------

NAME OF CANDIDATE OR BALLOT MEASURE: Yes on Prop S S	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	--

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION Los Angeles	AMOUNT ATTRIBUTED \$ 10,500.00
--	-----------------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--------------------------------------	---

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
---	-------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--------------------------------------	---

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
---	-------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--------------------------------------	---

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
---	-------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--------------------------------------	---

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
---	-------------------------

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--------------------------------------	---

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
---	-------------------------